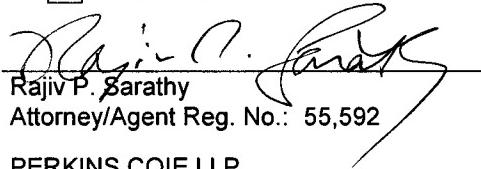


|                                                                                                                                            |                                  |                                |                             |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------|-----------------------------|---------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>                                                                                                        |                                  |                                |                             | Docket No.<br>418268004US |
| Application No.<br>10/788,677-Conf. #3591                                                                                                  | Filing Date<br>February 27, 2004 | Examiner<br>K. L. Evans        | Art Unit<br>3629            |                           |
| Applicant(s): Smith et al.                                                                                                                 |                                  |                                |                             |                           |
| Invention: METHOD AND SYSTEM FOR REDUCING UNSOLICITED MESSAGES USING VARIABLE PRICING AND CONDITIONAL REDEMPTION                           |                                  |                                |                             |                           |
| <b>TO THE COMMISSIONER FOR PATENTS</b>                                                                                                     |                                  |                                |                             |                           |
| Transmitted herewith is an amendment in the above-identified application.                                                                  |                                  |                                |                             |                           |
| The fee has been calculated and is transmitted as shown below.                                                                             |                                  |                                |                             |                           |
| <b>CLAIMS AS AMENDED</b>                                                                                                                   |                                  |                                |                             |                           |
|                                                                                                                                            | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate                      |
| <b>Total Claims</b>                                                                                                                        | 27                               | - 27 =                         | 0                           | x 52.00 0.00              |
| <b>Independent Claims</b>                                                                                                                  | 3                                | - 3 =                          | 0                           | x 220.00 0.00             |
| <b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>                                                            |                                  |                                |                             |                           |
| <b>Other fee (please specify):</b>                                                                                                         |                                  |                                |                             |                           |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00                                                                                       |                                  |                                |                             |                           |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity                                                     |                                  |                                |                             |                           |
| <input type="checkbox"/> No additional fee is required for this amendment.                                                                 |                                  |                                |                             |                           |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.                                                |                                  |                                |                             |                           |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.                                            |                                  |                                |                             |                           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                |                                  |                                |                             |                           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-0665 as described below. |                                  |                                |                             |                           |
| <input checked="" type="checkbox"/> Credit any overpayment.                                                                                |                                  |                                |                             |                           |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.       |                                  |                                |                             |                           |
| <br>Rajiv P. Sarathy<br>Attorney/Agent Reg. No.: 55,592 |                                  |                                |                             |                           |
| Dated: Aug. 27, 2009                                                                                                                       |                                  |                                |                             |                           |
| PERKINS COIE LLP<br>P.O. Box 1247<br>Seattle, Washington 98111-1247<br>(206) 359-8000                                                      |                                  |                                |                             |                           |